# Reflective essay

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# Personal, Professional and Inter Professional Practice – Reflective Essay

This essay will discuss an event in clinical practice where it was felt an ethical dilemma occurred. It will examine the professional, legal and ethical issues that arose from the situation, and how this constitutes to an ethical dilemma. John's structured model of reflection (1995) will be used to reflect and analyse the situation as it provides cue questions for reflection and a systematic framework for development and exploration of the underpinning issues. The Nursing and Midwifery Council (NMC) Code of Conduct (2015) specifies that all registered nurses must reflect on their practice In order to develop and enhance (NMC, 2015). In order to focus this essay to the criteria expected, some of the reflective questions from John's model (1995) will not be included.

Beauchamp and Childress (2001) describe an ethical dilemma as a situation where moral principles conflict, meaning whatever the outcome, at least one principle must be compromised (Beauchamp and Childress, 2001).

During a clinical placement a seventy-two year old female patient was admitted to the ward following a stroke, which resulted in her having an unsafe swallow, right sided weakness and frequent episodes of confusion and delirium, during these episodes she was assessed and deemed to lack capacity. Due to being unable to swallow a Nasogastric (NG) Tube was inserted to allow her to be given nutrition, hydration and medication. When orientated the patient understood the need for the tube and did not try to remove it, however during her episodes of confusion the patient would pull at the NG tube as it irritated her and dislodge it, resulting in another needing to be inserted and risk of the feed going into the lungs. In order to try and prevent this happening again, cushioned hand mittens were applied to the patient to restrict her from being able to pull the tube.

The aim of the treatment was for the patient to be able to receive adequate nutrition and hydration, and so care of the NG tube and keeping it in position would allow

this to be delivered. I found the situation challenging due to the fluctuating behaviour of the patient. When orientated the patient was able to show some understanding of the reasons for the NG and the hand mittens; she stated she did not want to have to go through another tube insertion. When confused she would attempt to pull the tube and try to remove the mittens, she was able to communicate basic needs, but was unable to make decisions such as; choosing what pyjamas to wear. As a consequence the tube and mittens patient appeared agitated, but due to the frequency and unpredictability of her confused episodes the mittens were not able to be removed unless she was accompanied. A consequence for others, including the patient's family was some distress in seeing their relative in this way, however they understood the reasoning and supported the use of the hand mittens and explained to the patient when she became confused why she needed the mittens on. As a student nurse I followed the individualised care plan and documented everything I did, including checking the patient's hands. Internal factors influencing me were feelings of wanting to help the patient settle and remove the mittens, but using my clinical judgement to know why the mittens had to stay on.

Factors influencing the situation include professional issues and expectations of the healthcare team looking after the patient. Standards set out by the NMC Code of Conduct (2015) state that when caring for the patient the registered nurse must advocate the needs and wishes of their patients (NMC, 2015) which in this case would include the removal of the mittens when the patient expressed she did not like them. However this would conflict with other standards set by the NMC (2015) such as; 'best interest decisions', it may not be in the best interest for the patient to remove the mittens, as she may become confused and remove the tube, resulting in having to go through the experience of another being inserted. Singer et al (1999) found NG tube insertion was rated one of most painful and distressing procedures by patients, meaning another insertions may negatively affect the patient, both mentally and physically.

As a student nurse, factors influencing me include; abiding by the NMC code of conduct (2015), local trust policies and the law. As a student, any changes I make to a

patients care must be approved by the registered nurse overseeing the care, as it is them who is accountable for any decisions made or actions taken (NMC, 2015). As the registered nurse implementing and evaluating the care, decisions have to be made that ensure the values of the code are upheld at all times and practice is evidence based and in accordance with the law (NMC, 2015). Clear and accurate care documentation must be maintained, to ensure patient safety and accountability (NMC, 2015). Other elements of The NMC Code (2015) include assessing patients for deterioration in physical and mental health (NMC, 2015) in this case it may include the patient's mental health suffering due to the impact of wearing the hand mittens and becoming more agitated due to the restriction caused by them. However this could also conflict with maintaining her physical health as removal of the hand mittens may result in removal of the tube and therefore removal of the nutrition, hydration and some medications, which may be detrimental to her physical health and therefore increase her hospital stay.

The Mental Capacity Act (MCA) 2005 (c.9) is an Act of Parliament that constitutes towards the law, it was established in the UK to provide protection to those who are deemed lack mental capacity (Mental Health Foundation, 2015). The MCA 2005 (c.9) outlines five principles to be followed when assessing an individual's capacity (see appendix 1). If that individual is deemed not to have capacity, all decisions must be made in their "best interest" (MCA 2005, c.9 pp.1) and carried out in the least restrictive way possible (MCA 2005, c.9). The MCA 2005 (c.9) states it is irrelevant whether capacity loss is long or short term, the principles of the act must still be applied when questions about capacity are raised. The Act also states best interest decisions include "life sustaining treatment" (MCA 2005, c.9, p.4) -outlined as care that is necessary for the person to live (MCA 2005, c.9). In this case the treatment would be ensuring the NG tube is preserved so adequate nutrition and hydration can be provided to the patient, it would be in the 'best interest' of the patient to implement measures that would prevent the tube from being removed unintentionally during an episode of confusion. Findings by the FOOD trial collaboration (2003) suggest that those who receive adequate nutrition following a stroke have an increased chance of survival. Although the study did not take into account other co-morbidities, a link can be

made to identify receiving nutrition as a necessary treatment, not only to live, but to increase the chance of survival and recovery for the patient.

Policies from other trusts within the United Kingdom (UK), acknowledge that the use of hand mittens as a form of restraint towards patients (Mid Essex Hospital Services, 2015 and NHS Wales Health Board, 2013). The MCA 2005 (c.9) states that In order to be able to justify the restraint of an individual who does not have capacity; the restraint must first be; essential to keeping the individual safe and also be an equal response to the chance and level of harm that may be suffered (MCA 2005, c.9, p.4). If restraint is implemented by a nurse that leads to physical or mental harm, that cannot be justified legally and ethically, the patient may bring a 'civil claim' of neglect against the registered nurse (Royal College of Nursing, 2008). Other trust policies within the UK, state the mittens should only be considered, when all other least restrictive options have failed and if the patient has already removed a tube -not to pre-empt the event of it being removed (NHS Wales Health Board, 2013), this is in line with the MCA 2005 (c.9) and the NMC Code of Conduct (2015) by attempting to be as least restrictive as possible to the patient. The RCN (2008) also state restraint should be used as final option in order to maintain the patient's safety. The RCN (2008) classifies the use of the mittens as "mechanical restraint" (RCN, 2008, p.3) as apparatus is used to physically restrain. Both policies state an assessment for the mittens must be carried out and reviewed daily or if the patient's needs change, they also state the need for a care plan to ensure the hands are protected and the patient's wellbeing is not effected (Mid Essex Hospital Services, 2015 and NHS Wales Health Board, 2013).

Beauchamp and Childress (2001) outline four ethical principles that should be considered and used as guidance when any decisions have to be made, these include; 'Respect for Autonomy'- where a person has the right to make decisions about their self and what happens to them. In this case the patient's level of capacity fluctuated as a result of her stroke and so often was not able to make autonomous decisions as she could not effectively weigh up the decision to inform her choice-all assessments made were made in accordance with the MCA 2005 (c.9). 'Non-maleficence' is the principles of not inflicting or

causing harm to others, in this case to the patient. 'Beneficence' refers to behaving in a way that will benefit the individual, for this patient all decisions made/ care given was done to benefit her and to help her recovery and rehabilitation. 'Justice' is linked to an equal and fair distribution of services and resources, for example standardised policies for the use of hand mittens throughout the trust or even within the NHS (Beauchamp and Childress, 2001). The moral principles have been divided in to these four principles, when a situation results in not all of these principles being upheld it can be considered an 'ethical dilemma' (Beauchamp and Childress, 2001). In the experience from clinical practice, I felt the principles that conflicted were; 'respect for autonomy', 'non-maleficence' and 'beneficence'. As the patient trying to remove the mittens would suggest she did not want to wear them, and so keeping them on would be against her wishes and not respecting her autonomy. Due to the fluctuation of her mental state it was often hard to determine if she understood the possible implications, or if she knew she did not want the mittens on, but couldn't weigh up the why they were needed and the consequences for herself by removing them. The duty to respect her autonomy was conflicting with upholding the principle of beneficence, as keeping the mittens on would benefit the patient by maintaining access to the NG tube. In this case paternalism of the health professionals involved in care came in to play and influenced the decision for beneficence to override the respect for autonomy, as the decision would be in the patient's best interest and could be justified legally and professionally. The decision meant the mittens were to stay on even if the patient did not want them, as the benefits and reduction of harm were seen as far greater than compared to the mittens being removed and the tube at risk. Beauchamp and Childress (2001) outline paternalism as a considered decision to supersede an individual's autonomy to benefit and prevent harm to that individual.

Horsburgh et al (2008) looked at the different ways of preventing patients from pulling on their NG tubes following a stroke, they discuss the 'harm' caused to the patient through the use of hand mittens and found patients identified the mittens as being undignified and lead to feelings of distress in patients who found themselves restrained, this can be said to be going against Beauchamp and Childress' (2001) ethical principle of 'non-maleficence' as some degree of harm will be caused to those patients feeling this way.

These findings also conflict with the NMC Code of Conduct (2015) principle of maintaining dignity in all care provided. Findings by Williams (2008) also discuss concerns made by family members regarding the appearance of the hand mittens and the effect this may have on patient's dignity. However Williams (2008) found that the effect of seeing the patient agitated and pulling on tubes such as NG feeding tubes was described as more distressing to family members, than seeing them wearing the restrictive hand mittens, it was found overall that relatives accepted the use of the hand mittens, after seeing their benefits and being able to assess them before being placed on the patient. However the generalisability of the study is questionable due to the small sample size.

Horsburgh et al (2008) also found some patients reported feeling they had no control over their body- highlighting the compromise of their autonomy. However when weighed against the alternative of having another tube inserted and the potential physical harm caused by the dislodging of another tube such as; aspiration, feeding into the wrong location or other complications associated with incorrectly positioned tubes, it becomes less clear what the best option of care is (Horsburgh et al, 2008). Findings by Mahoney et al (2015) state that hand mittens are perceived as the least safe way of keeping the NG tube in place when compared to nasal bridals or taping the tube in place. In this case taping may not be effective as it can be easily removed when pulled. Nasal bridals were found to be effective in both keeping the tube in place and safely maintaining its position (Mahoney et al, 2015). Beavan et al (2010) also found nasal bridals effective in keeping NG tubes in place so that nutrition can be administered, however there were cases of injury to patients nasal areas as a result of the tube still being pulled. It can then be argued that although effective at keeping the tube in, a bridal may not be the best option for the patient in this case as it has the potential to cause more physical damage and trauma due to the high risk of her pulling the tube when confused. Other alternatives include the idea of one to one supervision and care, however Williams (2008) discusses the unfeasibility of this due to cost.

At the time of the event, knowledge that informed me included; the professional expectations of me set out by the NMC Code of Conduct (2015), local trust policies and

guidelines, the MCA 2005 (c.9) and the ethical principles. Conducting a literature search has both confirmed and enhanced my knowledge around the situation and has prepared me for situations similar to this in the future; by giving me a deeper understanding of the other alternative methods of securing NG tubes and preventing their accidental removal by a confused patient. I am able to use this knowledge to better my practice for the future and when working as a qualified nurse, to ensure I am practicing effectively, ethically and in accordance with the law, by ensuring every other least restrictive method has been tried before a patient is restrained in this way. I will be able to use the research to base my decision making and ensure I am providing the best available and current treatment for my patients. As a qualified nurse I understand all decisions made involving patient care must be justifiable, as I am accountable for my actions, and the actions of those I have delegated to when conducting patient care (NMC, 2015).

In this case an alternative method of securing the NG tube may have not been suitable for the patient as discussed earlier with regards to the tape being easily removed and the nasal bridals potential to cause damage to the inner nose. Other options may have benefitted the patient with regards to distraction and reassurance when she became confused, however on a busy ward environment it may be unachievable for staff to maintain this consistently throughout the day due to the unpredictability of her confused episodes. Consequences of alternative actions may have benefitted others, such as her family and next of kin- if they were successful, as the patient wouldn't have been restrained. However if unsuccessful this may have a negative effect by seeing their relative trying to remove tubes/lines and the potentially serious implications to the individuals health that may result, for example; aspiration pneumonia (Williams, 2008).

Much of the research and theories on ethical dilemmas focus on the idea of the patient either having capacity or not, the dilemma becomes much more complex when the individuals capacity is fluctuating and uncertain. Through researching and applying the findings to a case from practice I now understand that if able, patients should be involved in all decisions about their care, however when some decisions have to be made in their best

interest, paternalism may be required to override an individual's autonomy, to benefit them and reduce their risk of future harm (Beauchamp and Childress, 2001).

It has become apparent throughout this essay, that in situations such as this; there is no obvious solution that is completely ethically sound. And so when decisions are made on behalf of the patient to ensure treatment is able to be administered via the NG tube, it must be in the best interest of the patient and the least restrictive way possible to be in accordance with the law that is stated in the MCA 2005 (c.9) and the NMC Code of Conduct (2015). If restraint is needed as all other options have failed or are unsuitable in that specific case, then adequate reasoning and justification must be provided and continuing assessment and evaluation of care undertaken, to ensure patient safety. Through writing this essay I will be more confident in dealing with a similar situation in the future, as I now understand the professional, legal and ethical issues surrounding the situation and how these underpin the policies on using hang mittens to restrain patients. I feel I will be able to support others in this by being clear on the guidance of their use. My way of knowing has changed as I am now not only able to relate theory to practice but also assess the way it has been implemented in practice and research this to ensure it being done the best possible way in accordance with the most current evidence.

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## Appendices

### Appendix 1

Principles of the Mental Capacity Act 2005 (c.9):

1. "A person must be assumed to have capacity unless it is established that he lacks capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or made, under this act for or on behalf of a person who lacks capacity must be done, or made, in his best interest.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the persons rights and freedom of action"

(Mental Capacity Act 2005, C9, pp. 1-2).

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